

Karen Larsen LMFT

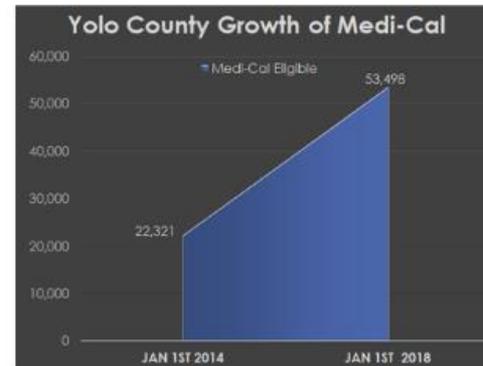
Director, Yolo County Health & Human Services

Tuesday, March 5, 2019

# IMPROVING THE MEDI-CAL MENTAL HEALTH DELIVERY SYSTEM

# What Works Well

**EXPANSION OF AFFORDABLE CARE ACT  
+ SERVING MORE MILD TO MODERATE**



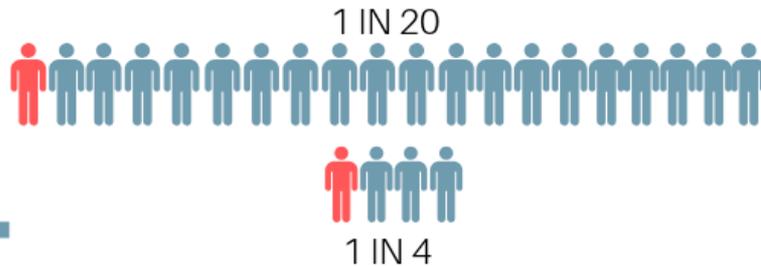
**FLEXIBILITY IN MHSA FUNDING THAT ALLOWS COUNTY TO SERVE  
COMMUNITY NEEDS.**

**PARTNERSHIPS AND COLLABORATION**



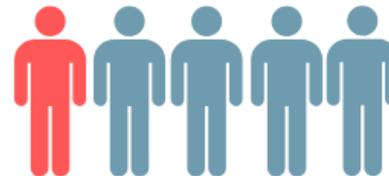
# What Needs Improvement

**AN ESTIMATED 5% OF CALIFORNIANS ARE SMI, WHILE AN ESTIMATED 25% OF HOMELESS CALIFORNIANS ARE SMI.**



**IN CALIFORNIA, SUICIDE IS THE 2ND LEADING CAUSE OF DEATH FOR AGES 25-34 AND THE 3RD LEADING CAUSE OF DEATH FOR YOUTH AGES 10-24.**

**APPROXIMATELY 21% OF CALIFORNIA'S INMATES STATEWIDE HAVE BEEN IDENTIFIED AS BEING SMI.**



**33% HOMELESS**



**1 IN 3 YOUTH WHO EXIT FOSTER CARE IN CALIFORNIA EXPERIENCE HOMELESSNESS WITHIN 24 MONTHS.**

# Current Structural Challenges

- Each county manages behavioral health benefits
  - Missed opportunities for economies of scale, shared infrastructure
  - Differences in population density and other local characteristics produce unique challenges by county
- Inefficient, Fee-For-Service Reimbursement Structure
  - Arduous documentation requirements: time-intensive process for diagnosis, treatment plan, progress notes required to substantiate medical necessity and bill by the minute
  - Not designed to incentivize quality or truly “manage care”
- Cross-System Care Coordination
  - High cost beneficiaries with complex needs are driving physical health care costs
  - Reduced lifespan of MH consumers due to comorbid physical illness
  - Information-sharing between providers and plans needs improvement

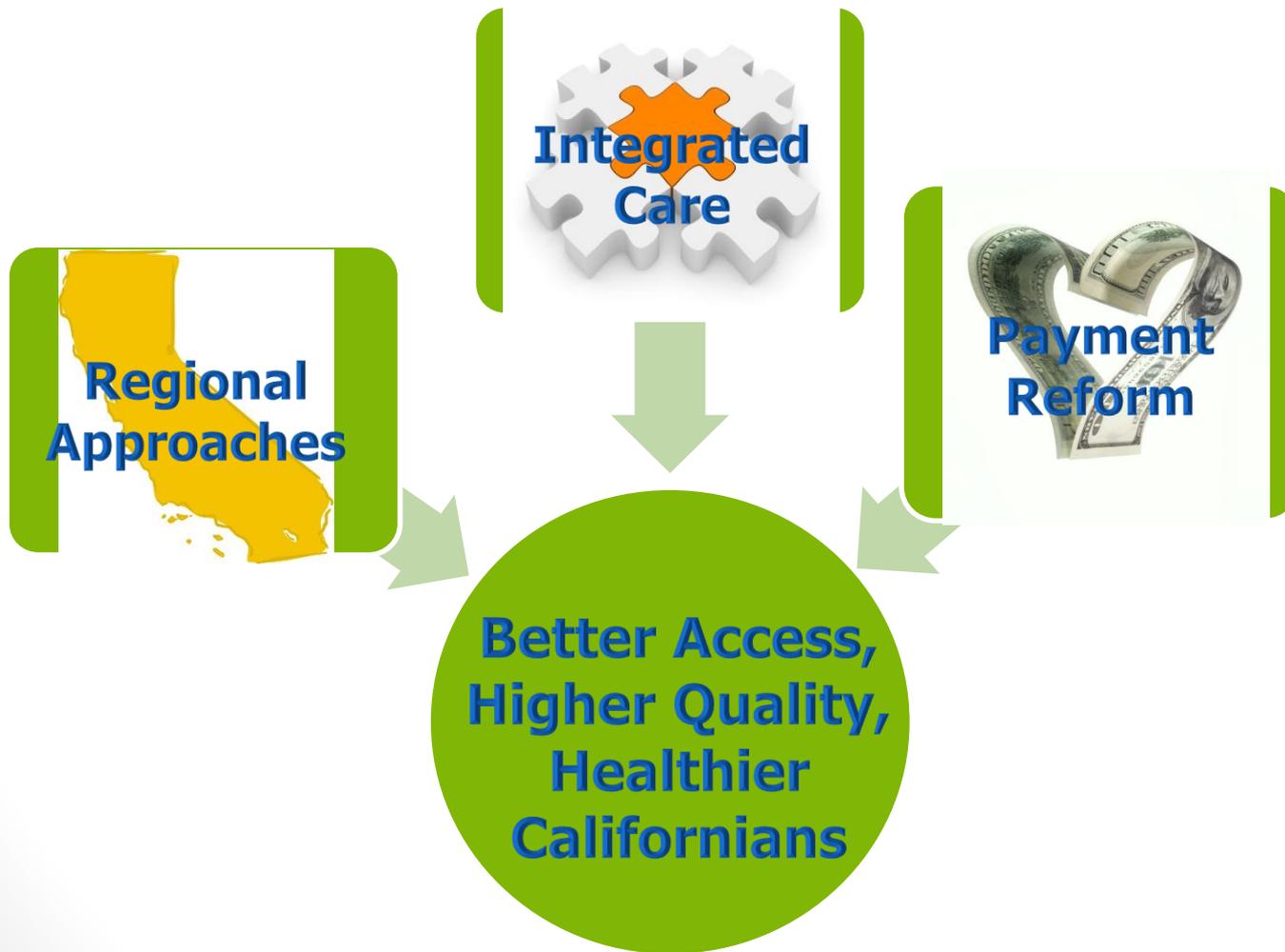
# Improvements to Statewide Mental Health Benefits

- Pursue IMD exclusion waiver
  - Draw down federal funds for IMD stays
  - Strengthen community-based services & supports
- Reinforce upstream investment
  - Early childhood investment
  - Universal Trauma Screening
  - Continue to expand community-based services and partnerships
- “Pay for Performance” Model
  - Simplify billing to ensure focus on care, not documentation
  - Develop outcomes-focused dashboards
  - Incentivize quality of care, not volume

# Integration



# Vision for Behavioral Health Transformation



# Questions?



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